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The masks we wear and stories we tell in organisations

Citation for published version:

De Andrade, M 2016, 'The masks we wear and stories we tell in organisations: Exploring how spirituality and creativity can provide purpose and reduce 'othering'' Paper presented at 11th Organization Studies Summer Workshop on 'Spirituality, Symbolism, and Storytelling', Greece, 18/05/16 - 21/05/16, .

Link:

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“POLONIUS

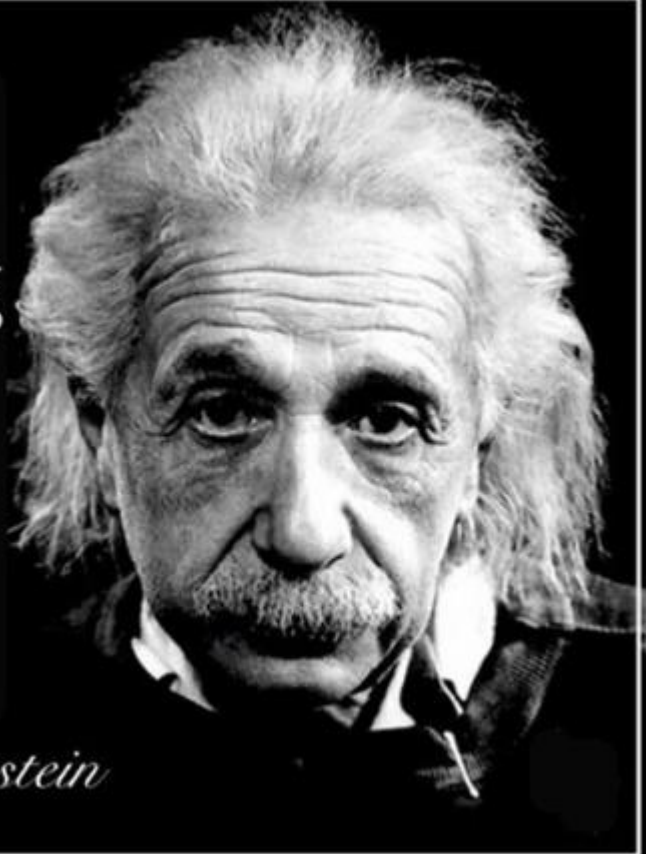
(aside) Though this be madness, yet there is method in 't.—*(to HAMLET)* Will you walk out of the air, my lord?

POLONIUS

(to himself) There's a method to his madness. *(to HAMLET)* Will you step outside, my lord?"¹

Insanity:
doing the same thing
over and over again
and expecting
different results.

- Albert Einstein



The masks we wear and stories we tell
in organisations:
exploring how spirituality and creativity can
provide purpose and reduce
‘othering’

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Organization Studies

Mykonos

May 2016



THE UNIVERSITY *of* EDINBURGH



Objectives

1. gather specific groups' perceptions of pre-identified & emerging health related issues such as use of tobacco, alcohol, shisha, smoking cessation, acceptability of services, food, social media, trust....

Action: The Ministerial Task Force on Health Inequalities will reconvene in 2012-13 to review and refresh the Scottish Government's strategy for addressing the root causes of health inequalities.

Lead: *Scottish Government*

Asset-based Approaches

It is clear that the ability and willingness of people to adopt the sorts of healthy behaviours that will lead to increased life expectancy – such as a tobacco-free lifestyle – depend significantly on their wider life circumstances. In order to respond to this challenge, the Chief Medical Officer for Scotland, supported by the Scottish Government and COSLA, advocates an asset-based approach to health improvement. Assets can be described as the collective resources which individuals and

3. deliver findings/conclusions in a policy-oriented report specifically related to asset-based approaches.

methods & means of data collection

- 2 focus groups (n=13; n=7) with Polish men/women (18-45); 1 focus group (n=7) with Pakistani men (18-34)
- a 'spontaneous focus group' with a Slovakian Roma group of friends and family members (n=7)
- interviews with representatives from community organisations* (n=35)
- 78 community members in total over 6 months
- access to Slovakian Roma & Romanian Roma through community organisations & social workers

Innovative KE project transformed spectators –
NHS practitioners, policy makers, community
members and third sector organisations –
by enabling them to step into, and change, the
theatrical action presented by performers (BME and
disadvantaged community members)

“Come on In!”

Theatre of the Oppressed techniques to breathe life
into emotional and politicised findings gathered
through the ethnographies and interviews

The **masks** we
wear and **stories**
we tell
in organisations:
exploring how
spirituality and
creativity can
provide **purpose**
and reduce
'othering'



*“Some speak and urgently about method; method is all they wish to see in their work. It never seems **rigorous** or **formal** enough to them. Method becomes **Law**...”*
(Barthes, 1971).

*“Method inevitably **disappoints**, posing as a pure metalanguage, it partakes of the vanity of all metalanguages. Thus, a work that unceasingly declares its **will-to-methodology** always becomes sterile in the end. **Everything takes place inside the method, nothing is left to the writing.** The researcher repeats that his text will be methodological, but this text never arrives. There is nothing more sure to kill research and sweep it off into the left-overs of abandoned works, nothing more sure than method”* (Barthes in Krausse-Jensen, 2010).

Creative Analytical Processes (CAP) ethnography

(Richardson and St. Pierre, 2005 p. 926)



*'In some ways, "knowing" is easier...
because post-modernism
recognizes the situational limitations of the knower.
Qualitative writers are off the hook, so to speak.
They do not have to try to play*

God,

writing as disembodied

omniscient narrators

claiming universal and atemporal general knowledge.

*They can eschew the questionable metanarrative of scientific objectivity
and still have plenty to say as situated speakers, subjectivities engaged in*

knowing/telling

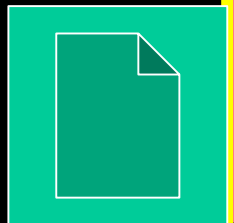
about the

work

as they

perceive it'

(Richardson and St Pierre, 2005, p.961).



CAP ethnography

- Used after exhausting all other methodological possibilities
- Qualitative ‘paradigm **shift**’ (Ellis & Bochner, 1996) ‘to invite people in and open spaces for thinking about the social that **eludes** us now’ (Richardson & St Peirre, 2005, p. 926).
- Writing, as a form of **inquiry**, is ‘validated as a method of knowing’ in the ‘**political/social world we inhabit – a world of uncertainty**’
- Situated within a spacious postmodernist environment of **doubt**, there is a compulsion to know how researchers claim to know.
- A need to know how they locate themselves as ‘**knower**’ and ‘**teller**’

CAP ethnography

- A need to expose their dual roles as 'soul' and 'storyteller'.
- Without the need to conform to a lattice, researchers can step outside of predictable social scientific writing allowing reflexivity of research – past, present or future.
- Without the pressure of 'getting it right', researchers can only get 'it differently contoured and nuanced'
- Triangulation – makes way for crystallisation as there are more than three ways to view the world.
- How you see it, depends on your 'angle of repose' (Richardson and St Pierre, 2005, p. 963).

CAP ethnography

- Your 'perspective' of 'peace'.

***'Some even speak of their
[CAP ethnography] work as
spiritual'***



The questions

What would happen if we removed these masks and changed our stories in organisational settings?

How could spirituality and creativity in the organisation challenge existing detrimental rules and structures and promote prosperity, well-being and evolution for the individual and society?

The hypothesis

The global crises that have shaken our economies, systems, health, security, sense of safety, well-being and **belonging** have induced **existential** crises for individuals who may feel **trapped** on 'the **dark** side' of organisational settings and boundaries (Batra, 2007)

The proposition

This is a place
teeming with
'dysfunctional and antisocial actions'
propelled by a
greedy
external economic environment (Linstead et al 2014).

This is a place
'in which people hurt other people, injustices are perpetuated and magnified,
and the pursuits of wealth, power or revenge
lead people to behaviours that
others
can only see as
unethical, illegal,
despicable, or reprehensible'
(Griffin & O'Leary-Kelly, 2004, p.xv).



Backdrop

Poverty Migration

Unemployment Inequalities Self-interest

Employees (lucky) wrestle with finding

Meaning and Purpose

Present Coherent Compliant Constructive
'Self'

Aligned with Institutional

Values Cultures Outcomes – Profit-Maximisation

Choose to wear these Masks in Organisational
Settings

Damage society be reinforcing Organisational

Structures that are Systemically Flawed

Hack away at changes of finding

Purpose and Meaning

The questions

What would happen if we removed these masks and changed our stories in organisational settings?

How could spirituality and creativity in the organisation challenge existing detrimental rules and structures and promote prosperity, well-being and evolution for the individual and society?

Spirituality is not only embedded in popular, contemporary health policies advocating the use of bottom-up, community-led asset-based approaches, but is an integral function – the lifeblood – of the organisations applying them in practice. Yet it remains masked; hidden behind more palatable expressions such as positive psychology and salutogenesis.

Not everyone is happy about this. In fact, some are seething at this paradox of epidemiology: 'as material inequalities grow, so the pursuit of non-material explanations* for health outcomes proliferates' (Friedli, 2012, p.1).

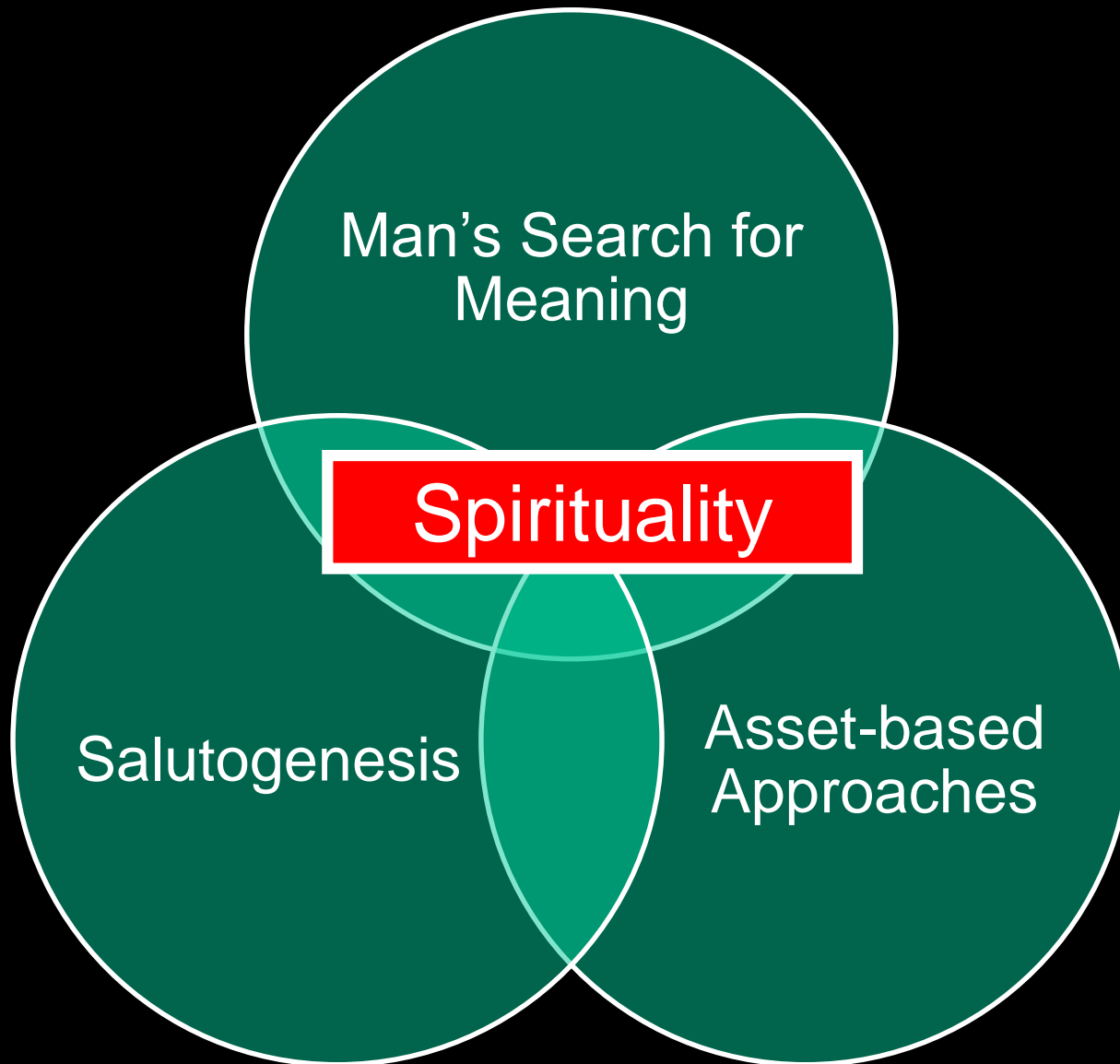
*Touchy-feely enlightenments include 'the familiar roll-call of self-esteem, aspiration, confidence, optimism, sense of coherence (SOC), meaning and purpose, the so-called intangible assets such as knowledge, skills, wisdom and culture, and key features of social capital: social networks, reciprocity, mutual aid and collective efficacy' (Friedli, 2012, p. 2).

Adding spirituality to the list, will not make some happy.

Leaning towards, accepting and embracing organisational spirituality entails a bold, reflexive shift towards a critical view of 'Self' and 'other': an uncovering and retelling of our stories within the workplace (and beyond), which may be the first step in tackling systemic issues.

This may render us vulnerable, but also connected to 'ourselves', 'others' and the world at large

The story



The story

Spirituality

We can find meaning in life and in our suffering regardless of our circumstances:

- '(1) by creating a work or doing a deed
 - (2) by experiencing something or encountering someone
 - (3) by the attitude we take toward unavoidable suffering
- (Frankl, 1959)

Man's Search for Meaning

Spirituality

The story

Salutogenesis

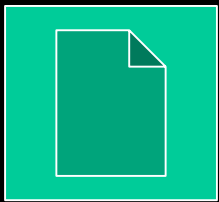
Antonovsky's
(1993) work on
salutogenesis
focusing on the
determinants of
health rather than
determinants of
illness

Spirituality

The story

Asset-based Approaches

Working with the capacities and resources that people already have when developing services and interventions to improve community health and well-being (Foot & Hopkins, 2010)

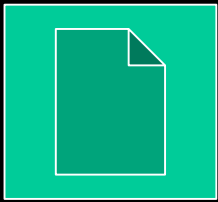


The analysis

Real vs Ideal



<http://www.ed.ac.uk/health/issr/research/come-on-in/project-highlights>



The analysis

Problems vs
Solutions



<http://www.ed.ac.uk/health/issr/research/come-on-in/project-highlights>

'often +'

society are

pr

Feedback Come On In!

–‘some of the issues faced by those [BME] communities are similar to those faced by other members of the population, although their experiences are aggravated by language and cultural barriers making the accessibility and trust even harder’.

(Viradhammo Bhikkhu, 2005, p. 49).

Unmasking – exposing fears and vulnerabilities – changing stories in org settings – connecting with ‘others’

The wisdom of Margaret Mead

'A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.'




Thank You

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Structure

- Identity
- Barriers (perceived and actual)
- Innovative engagement
- Moving forward

*in relation to
stop smoking (and other)
services (and the realities of their lives in
the UK)*



**We drop our masks as
“spect-actors” and in the
ensuing discussion, the
community member who played
the fifth “community actor”
explains why the re-enacted
alternative felt like progress
even though he didn’t have a NI:**

**‘Perfect won’t exist anywhere
but better can exist’.**

Barriers (perceived and actual)

Settling and integrating at different rates

- Difficult to manage emotions and politicisation of inequalities
- Some community members feel provoked that certain services are not in their best interest
- Some recognise the link between unemployment and health (but feel helpless – creative engagement helped)

Barriers

- Language (wrong translator)
- Lack of awareness & info
- Lack of confidence, isolation
- Depression, financial problems
- Mistrust, frustration (sick children)

move away from a
siloed approach

Stigma – who are you?

- treated and labelled the same despite being different

Pakistani

Smoking

- *some confusion – is smoking forbidden or permissible in Islam?*
generational smoking, younger are health conscious, dirty habit
females – ‘behind closed doors’

‘... the way the girls are viewed in the Pakistani community... is like they are the honour of the house and so on...if the girl was to be seen smoking and stuff they would be, “Oh their daughter, look at her!”... I mean all this extra stuff gets added onto it, “Oh she will never get married and nobody will ask for her hand in marriage!” and all that stuff....’

- youth smoking in public brings shame on the family
- general awareness of smoking cessation services, but strong belief in willpower to quit rather than medications or replacements
- some reluctant to use NRTs for religious reasons

Polish

Smoking

- perception was that the Polish are generally smokers, but most community members were ex-smokers
 - ‘education’, background’ and age may have an influence on whether Polish people smoke
- many considered themselves to be ‘social smokers’ – only smoking with alcohol or when out with friends
- most ex-smokers had quit for health and financial reasons, but also family pressure
- smokefree legislation and marketing restrictions on tobacco products considered to have had an impact on cessation
- community members readily used NRTs, used smoking cessation services or approached their doctor to help quit

but serious dislike of doctors and the NHS

Slovakian Roma

Smoking

- high prevalence, start young, difficulty quitting as others are doing it
- many unaware of the availability of smoking cessation services and products and did not know that they could approach their doctors for help, others had heard of 'chewing gum'
- a core group of Slovakian Roma who had never smoked or were ex-smokers – religious

'Slovakians will go to the GP, but go back home to for operations. Anecdotally, they [Slovakians] go back for a procedure. There's semi-privatised healthcare there and many prescriptions are given. They prefer to be given a pill...'

Romanian Roma

Smoking

- many don't (didn't) smoke for financial reasons

abject poverty

- smoking cessation services is not high on their list of their priorities as trying to meet basic needs like food and shelter
 - some mistrust of authority, but some community members are building relationships with community groups who are deemed to be helpful (politics)
 - fear of social services and children being taken away
 - some trusted doctors, for others it is only acceptable to confide in family members
 - language greatest barrier – use pictures
 - word of mouth therefore community champions needed
 - Romanian Roma (other communities too) calling for more use of the arts, media, sport, music, food 'interventions' and services, gathering on the streets, community centres

Structure

- Identity
- Barriers (perceived and actual)
- Innovative engagement
- Moving forward

*in relation to
stop smoking (and other)
services (and the realities of their lives in
the UK)*

the theory

asset-based

CREATING A TOBACCO-FREE GENERATION

A Tobacco Control Strategy for Scotland

empowerment
asset
together
assets
engage
enable
approaches
engage
co-produce
community
empower
communities
co-production

Tokenistic engagement vs true asset-based approaches in services

- you can't go in with your agenda – what **you want** to get out of a situation
- you have to respond to **what is there** – assets and problems
- you may learn from it – but it may not be **what you think you will learn**
- the idea comes from communities – **emerges with them**
- you **can't drip research findings** into professional discourses – the process is not directly and linear
- communities have to believe **they've had the idea themselves** to actually change – what are they interested in? what are their knowledge gaps in their knowledge?
- **then** develop projects **with them**

**But for this – you need those
relationships there from the start to
build on**



- <http://www.ed.ac.uk/schools-departments/health/issb/research/come-on-in>

the theory

asset-based

empowerment
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A Partnership Approach

Asset-based approaches, by definition, require a local approach. Given the wide range of factors that impact on smoking prevalence – and on health and wellbeing more widely – it is clear that effective local tobacco control strategies require a partnership response. Reducing the number of people who take up smoking is key to reducing overall prevalence rates and, as such, should be a

A Tobacco Control Strategy for Scotland



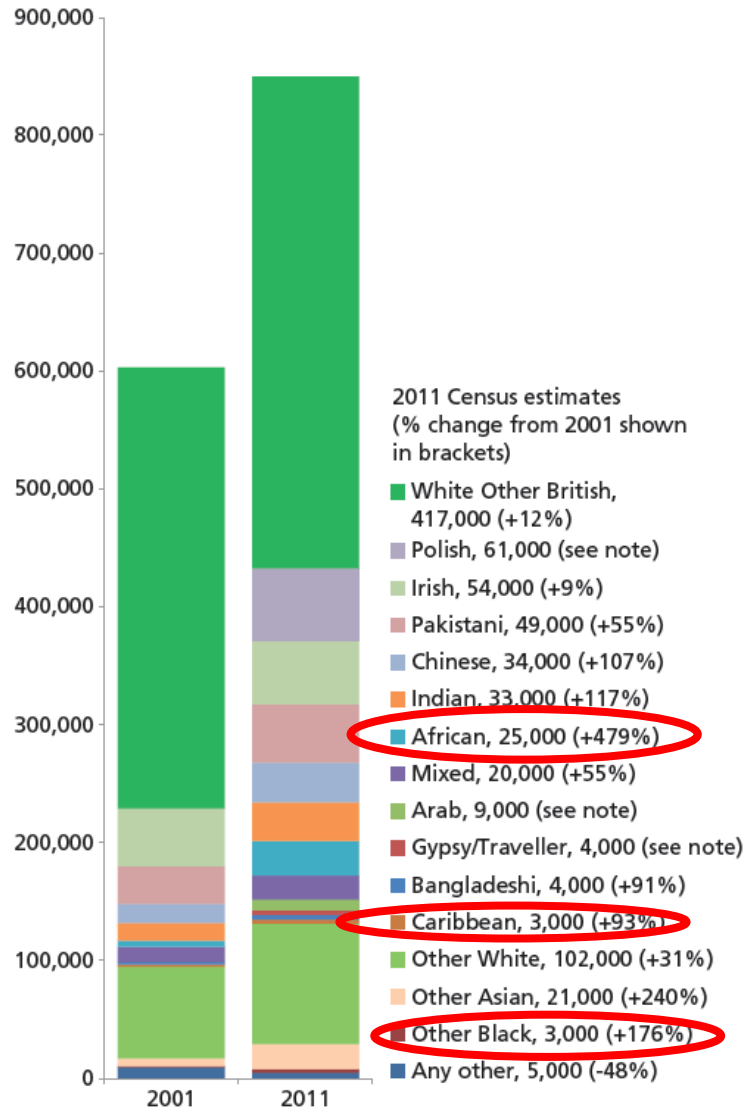
the reality



complex realities
extending beyond
health
where do we start?

Identity

Figure 1. Growth in ethnic minority population 2001-2011, Scotland



Note: *Arab, Gypsy/Traveller, and Polish are new categories in 2011

- In the 2011 Census – 130,000 people didn't find a single category suited them and so chose one of the 'Other' categories (Simpson 2014)

Gather perceptions of health from the 'Roma community'

(alongside those of Polish, Pakistani, Slovakian community members)

Identity

- What is the '*Roma Community*'?
- Not just one, heterogeneous group – 'umbrella term' for a broad group ethnic group including different sub-groups – Boyash (ties to modern-day Romania), Sinti (settled in central Europe), 'Romani' or 'Romany'

Thousands of Roma Gypsies will head to the UK for a better life

Last updated at 21:56 10 September 2007

'We are not a joke, we are human beings': Travellers hit back at being exploited for 'entertainment' by Channel 4's Big Fat Gypsy Weddings

By LEON WATSON
UPDATED: 10:24, 23 February 2012

MailOnline

Moving forward

Asset-based approaches require continuous engagement with communities – real, on-going engagement rather than parachuting in to a community to achieve a specific organisational output for a short period of time.

Working with communities and other local partners is an open-ended process.

This should cultivate a culture of trust and collaboration with community members, who may be consulted when challenging or conflicting issues arise.